

**CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES
SDM® FAMILY RISK ASSESSMENT OF ABUSE/NEGLECT**

r: 07/06

Case Name: _____ LINK #: _____ Household Assessed: _____

Area Office: _____ Worker : _____ Assessment Date: ____/____/____

NEGLECT	Score
N1. Current Complaint Is for Neglect	
a. No.....	0
b. Yes.....	1
N2. Prior Investigations (assign highest score that applies)	
a. None.....	0
b. One or more, <u>abuse</u> only.....	1
c. One or two for <u>neglect</u>	2
d. Three or more for neglect.....	3
N3. Household Has Previously Received CPS (voluntary/court-ordered)	
a. No.....	0
b. Yes.....	1
N4. Number of Children Involved in the CA/N Incident	
a. One, two, or three.....	0
b. Four or more.....	1
N5. Age of Youngest Child in Household	
a. Two or older.....	0
b. Under two.....	1
N6. Primary Caregiver Provides Physical Care Inconsistent with Child Needs	
a. No.....	0
b. Yes.....	1
N7. Primary Caregiver Has a Past or Current Mental Health Problem	
a. No.....	0
b. Yes, check if applicable.....	1
<input type="checkbox"/> during the last 12 months	
<input type="checkbox"/> prior to the last 12 months	
N8. Primary Caregiver Has Historic or Current Alcohol or Drug Problem (check applicable items and add for score)	
a. Not applicable.....	0
b. Alcohol.....	1
<input type="checkbox"/> during the last 12 months <input type="checkbox"/> prior to the last 12 months	
c. Drug.....	1
<input type="checkbox"/> during the last 12 months <input type="checkbox"/> prior to the last 12 months	
N9. Characteristics of Children in Household (check applicable items and add for score)	
a. Not applicable.....	0
b. <input type="checkbox"/> Medically fragile/failure to thrive.....	1
c. <input type="checkbox"/> Developmental or physical disability.....	1
d. <input type="checkbox"/> Positive toxicology screen at birth.....	1
N10. Housing (check applicable items and add for score)	
a. Not applicable.....	0
b. <input type="checkbox"/> Current housing is physically unsafe.....	1
c. <input type="checkbox"/> Homeless at time of investigation.....	2

TOTAL NEGLECT RISK SCORE _____

ABUSE	Score
A1. Current Complaint Is for Abuse	
a. No.....	0
b. Yes.....	1
A2. Number of Prior Abuse Investigations (number: _____)	
a. None.....	0
b. One or more.....	1
A3. Household Has Previously Received CPS (voluntary/court-ordered)	
a. No.....	0
b. Yes.....	1
A4. Prior Injury to a Child Resulting from CA/N	
a. No.....	0
b. Yes.....	1
A5. Primary Caregiver's Assessment of Incident (check applicable items and add for score)	
a. Not applicable.....	0
b. <input type="checkbox"/> Blames child.....	1
c. <input type="checkbox"/> Justifies maltreatment of a child.....	2
A6. Two or More Domestic Violence Incidents in the Household in the Past Year	
a. No.....	0
b. Yes.....	2
A7. Primary Caregiver Characteristics (check applicable items and add for score)	
a. Not applicable.....	0
b. <input type="checkbox"/> Provides insufficient emotional/psychological support.....	1
c. <input type="checkbox"/> Employs excessive/inappropriate discipline.....	1
d. <input type="checkbox"/> Domineering caregiver.....	1
A8. Primary Caregiver Has a History of Abuse or Neglect as a Child	
a. No.....	0
b. Yes.....	1
A9. Secondary Caregiver Has Historic or Current Alcohol or Drug Problem	
a. No.....	0
b. Yes, alcohol and/or drug (check all applicable).....	1
<input type="checkbox"/> Alcohol	
<input type="checkbox"/> during the last 12 months <input type="checkbox"/> prior to the last 12 months	
<input type="checkbox"/> Drug	
<input type="checkbox"/> during the last 12 months <input type="checkbox"/> prior to the last 12 months	
A10. Characteristics of Children in Household (check appropriate items and add for score)	
a. Not applicable.....	0
b. <input type="checkbox"/> Delinquency history.....	1
c. <input type="checkbox"/> Developmental disability.....	1
d. <input type="checkbox"/> Mental health/behavioral problem.....	1

TOTAL ABUSE RISK SCORE _____

INITIAL RISK LEVEL. Assign the family's scored risk level based on the highest score on either the neglect or abuse instrument, using the following chart:

Neglect Score	Abuse Score	Scored Risk Level
<input type="checkbox"/> 0 - 1	<input type="checkbox"/> 0 - 1	<input type="checkbox"/> Very Low
<input type="checkbox"/> 2 - 4	<input type="checkbox"/> 2 - 4	<input type="checkbox"/> Low
<input type="checkbox"/> 5 - 8	<input type="checkbox"/> 5 - 7	<input type="checkbox"/> Moderate
<input type="checkbox"/> 9 +	<input type="checkbox"/> 8 +	<input type="checkbox"/> High

POLICY OVERRIDES. Check box if a condition shown below is applicable in this case. If any condition is applicable, override final risk level to high.

- ☐ 1. Sexual abuse cases AND the perpetrator is likely to have access to the child victim.
- ☐ 2. Cases with non-accidental physical injury to a child under age six.
- ☐ 3. Serious non-accidental physical injury requiring hospital or medical treatment.
- ☐ 4. Positive toxicology screen (alcohol or drugs) of mother or newborn at time of birth.
- ☐ 5. Caregiver action or inaction resulted in death of a child due to abuse or neglect (previous or current).
- ☐ 6. Household member had prior Termination of Parental Rights.

DISCRETIONARY OVERRIDE. If a discretionary override is used, check box, mark override risk level, and indicate reason. Risk level may be overridden one level higher.

☐ 7. If yes, override risk level (check one): ☐ Low ☐ Moderate ☐ High

Discretionary Override Reason: _____

FINAL RISK LEVEL (check final level assigned): ☐ Very Low ☐ Low ☐ Moderate ☐ High

Supervisor Approval: _____ Date: ____/____/____